

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the
State of

KS

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

10

24

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		140251.75
(b) Cash on Hand at Beginning of Reporting Period	172935.72	
(c) Total Receipts (from Line 19)	31525.22	216534.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	204460.94	356786.74
7. Total Disbursements (from Line 31)	9366.87	161692.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	195094.07	195094.27
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20085.79	167640.11
(i) Itemized (use Schedule A)		
(ii) Unitemized	11416.01	45068.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	31501.80	212708.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	31501.80	212708.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	23.42	3826.29
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31525.22	216534.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31525.22	216534.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	366.87	3245.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	366.87	3245.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	156500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1946.76
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9366.87	161692.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9366.87	161692.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31501.80	212708.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31501.80	212708.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	366.87	3245.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	23.42	3826.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	343.45	-580.58

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Charles T Allred, MD Mailing Address 130 S Bradley Dr City Salina State KS Zip Code 67401-3506 FEC ID number of contributing federal political committee. C Name of Employer Salina Health Education Foundation Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6 Transaction ID: C237425 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD Mailing Address 182 East Ave City Tallmadge State OH Zip Code 44278-2311 FEC ID number of contributing federal political committee. C Name of Employer Bachtel & Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 217.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: C237236 Amount of Each Receipt this Period 31.00
C. Full Name (Last, First, Middle Initial) Justin V Bartos, MD Mailing Address 4351 Booth Calloway Rd Ste 101 City North Richland Hil State TX Zip Code 76180-7319 FEC ID number of contributing federal political committee. C Name of Employer North Hills Family Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: C237239 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vicki M Bertka, MD

Mailing Address 8533 Castle Oaks PI

City State Zip Code
Holland OH 43528-9231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospice of Northwest Ohio

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237534

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Karla L Birkholz, MD

Mailing Address 18700 N 64th Dr
Ste 201

City State Zip Code
Glendale AZ 85308-7112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Your Family Physician

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 6

Transaction ID: C237508

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Catherine A Bishop, MD

Mailing Address 26 Applewood Drive

City State Zip Code
Chillicothe OH 45601-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adena Regional Medical Ce-
nter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C237241

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Steven F Brezny, MD
Mailing Address 4339 Village Club Dr

City State Zip Code
Powell OH 43065-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Physicians at Wedg-
ewood

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C237242

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Mark Douglas Burd, MD
Mailing Address 1188 Mount Gretna Road

City State Zip Code
Elizabethtown PA 17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pen State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 6

Transaction ID: C237528

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
George R Bush, MD
Mailing Address 815 Cherry Ln

City State Zip Code
Laurel MS 39440-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: C237465

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Gerald William Cahill, MD Mailing Address 23 4th St # 1 City Malone State NY Zip Code 12953-1331 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C237489 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	6	365.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		0	6		2	0	0	6																							
365.00																																
B. Full Name (Last, First, Middle Initial) Jane A Corson, MD Mailing Address Univ Physician Group-Palmyra 941 Park Dr City Palmyra State PA Zip Code 17078-3445 FEC ID number of contributing federal political committee. C Name of Employer Penn State College of Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C237243 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">65.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	6	65.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		0	2		2	0	0	6																							
65.00																																
C. Full Name (Last, First, Middle Initial) Steven A Crawford, MD Mailing Address Dep Of Fam And Prev Med 900 NE 10th St City Oklahoma City State OK Zip Code 73104-5495 FEC ID number of contributing federal political committee. C Name of Employer University of Oklahoma Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.99		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C237245 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">83.33</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	6	83.33									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		0	2		2	0	0	6																							
83.33																																

SUBTOTAL of Receipts This Page (optional)

513.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD Mailing Address 2745 Bob Wallace Ave SW Ste D Ste 245 City Huntsville State AL Zip Code 35805-4177 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: C237244 Amount of Each Receipt this Period 45.63
Name of Employer Crestani Family Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.11			
B. Full Name (Last, First, Middle Initial) Daniel J Derksen, MD Mailing Address 306 Big Horn Ridge Pl NE City Albuquerque State NM Zip Code 87122-1455 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: C237550 Amount of Each Receipt this Period 365.00
Name of Employer University of New Mexico Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			
C. Full Name (Last, First, Middle Initial) Barbara J Doty, MD Mailing Address 1700 Bogard Rd Ste 100 City Wasilla State AK Zip Code 99654-6563 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6 Transaction ID: C237503 Amount of Each Receipt this Period 365.00
Name of Employer Providence Health Systems Occupation Family Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00			

SUBTOTAL of Receipts This Page (optional)

775.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah Fessler, MD

Mailing Address East Bay Fam Hlth Care
100 Bullocks Point Ave

City State Zip Code
Riverside RI 02915-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Bay Community Action
Program

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: C237419

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David C Flinders, MD

Mailing Address Utah Valley Family Medicine
475 W 940 N

City State Zip Code
Provo UT 84604-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
IHC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237551

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. John C Graves, MD

Mailing Address 1100 E 3rd St

City State Zip Code
Chattanooga TN 37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
College of Med

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C237249

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Douglas W Harley, DO
Mailing Address 311 Kenilworth Ave NE

City State Zip Code
Warren OH 44483-5412

FEC ID number of contributing federal political committee.

C

Name of Employer
Ohio Northeast Health Sys-
tems, IncOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C237250

Amount of Each Receipt this Period

36.50

B. Full Name (Last, First, Middle Initial)
Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

FEC ID number of contributing federal political committee.

C

Name of Employer
Sioux Valley Health Syste-
msOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C237252

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mikel D Holland, MD

Mailing Address Medical Associates Clinic
100 Mac Ln

City State Zip Code
Pierre SD 57501-3391

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C237254

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

586.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel E Hornung, MD

Mailing Address 604 N Washington St
PO Box ACity State Zip Code
Council Grove KS 66846-1422FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237535

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

B. Elvin C Irvin, MD

Mailing Address 350 Pensacola Beach Rd

City State Zip Code
Gulf Breeze FL 32561-4882FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Physician Part-
nersOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C237292

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Carol Ann Johnson, MD

Mailing Address 5303 E 46th Street N

City State Zip Code
Wichita KS 67220FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Services of Kan-
sasOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237552

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

798.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Warren A Jones, MD

Mailing Address 115 Cirencester Drive

City	State	Zip Code
Ridgeland	MS	39157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	6

Transaction ID: C237553

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. George T Kappos, MD

Mailing Address 3716 SW Court Ave

City	State	Zip Code
Ankeny	IA	50023-9215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health PhysiciansOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	6

Transaction ID: C237512

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael R King, MDMailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City	State	Zip Code
Lexington	KY	40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of KentuckyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	6

Transaction ID: C237562

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)

Steven D Knight, MD

Mailing Address Primary Care Group
117 E Clark St

City State Zip Code
Harrisburg IL 62946-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Care Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237554

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City State Zip Code
Walpole MA 02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 6

Transaction ID: C237518

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Marianne C LaBarbera, MD

Mailing Address 5 Cheshire Pl

City State Zip Code
Staten Island NY 10301-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237536

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
James G Lenhart, MD
Mailing Address 2410 Fire Mesa St Ste 180

City State Zip Code
Las Vegas NV 89128-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nevada

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: C237309

Amount of Each Receipt this Period

60.00

B. Full Name (Last, First, Middle Initial)
Alma J Brown Littles, MD
Mailing Address Dept of Fam Med Rural Health
Florida State University COM

City State Zip Code
Tallahassee FL 32306-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
FSU College of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: C237379

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Glenn Allen Loomis, MD
Mailing Address 849 Kellogg Ave

City State Zip Code
Janesville WI 53546-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237532

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City State Zip Code
 San Antonio TX 78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: C237310

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ayaz T Madraswalla, MD

Mailing Address 34 Professional Park Rd

City State Zip Code
 Storrs CT 06268-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mansfield Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: C237311

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. James Charles Martin, MD

Mailing Address 333 N Santa Rosa Ave Ste 4703
 Ste 4703

City State Zip Code
 San Antonio TX 78207-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Santa Rosa Health
Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 6

Transaction ID: C237538

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2631.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Albert D Mims, MD

Mailing Address 200 Dogwood Ln

City	State	Zip Code
Lake City	SC	29560-4007

FEC ID number of contributing
federal political committee.**C**Name of Employer
Lake City Community Hospi-
talOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	6

Transaction ID: C237541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George Horace Moore, Jr, MD

Mailing Address 9832 Koupela Dr

City	State	Zip Code
Raleigh	NC	27614-9031

FEC ID number of contributing
federal political committee.**C**Name of Employer
Duke University Shealth
SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	6

Transaction ID: C237506

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dale C Moquist, MDMailing Address Memorial Family Med Resident
7737 Southwest Fwy Ste 400

City	State	Zip Code
Houston	TX	77074-1804

FEC ID number of contributing
federal political committee.**C**Name of Employer
MHHSOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	0	6

Transaction ID: C237312

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 19 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Javette C Orgain, MD

Mailing Address PO Box 806527

City State Zip Code
 Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: C237314

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Arnold I Pallay, MD

Mailing Address 170 Changebridge Rd
 Co Off Condo's # C-3

City State Zip Code
 Montville NJ 07045-9115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Changebridge Medical Asso-
ciate, PA

Occupation
Medical doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 6

Transaction ID: C237504

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Joseph Michael Parra, MD

Mailing Address 1631 S Michelle Street

City State Zip Code
 Wichita KS 67207-6546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wesley Family medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 6

Transaction ID: C237556

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Christine A Petty, MD Mailing Address 2 White Oak Dr City Coal Valley State IL Zip Code 61240-9571 FEC ID number of contributing federal political committee. C Name of Employer AmeriChoice Occupation Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Transaction ID: C237441 Amount of Each Receipt this Period 400.00
B. Full Name (Last, First, Middle Initial) Elizabeth Carol Powers, MD Mailing Address 3403 SE 58th Ave City Portland State OR Zip Code 97206-2811 FEC ID number of contributing federal political committee. C Name of Employer OHSU Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: C237557 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD Mailing Address Indian Ripple Family Hlth Ctr 4428 Indian Ripple Rd City Beavercreek State OH Zip Code 45440-3264 FEC ID number of contributing federal political committee. C Name of Employer Kettering Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 6 Transaction ID: C237340 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)

849.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeannine Rodems, MD

Mailing Address 15 Suncrest Dr

City State Zip Code
 Soquel CA 95073-9709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 6

Transaction ID: C237542

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City State Zip Code
 Eugene OR 97403-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Family Physicians,
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 0 6

Transaction ID: C237373

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. James W Schouten, MD

Mailing Address 708 S Coeur D Alene Ln

City State Zip Code
 Payson AZ 85541-5662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Banner Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: C237343

Amount of Each Receipt this Period

46.00

SUBTOTAL of Receipts This Page (optional)

461.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Burl Shives, MD

Mailing Address Brown Clinic/Rich
511 14th Ave NE

City State Zip Code
Watertown SD 57201-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: C237348

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Daniel R Spogen, MD

Mailing Address 545 Calle De La Plata

City State Zip Code
Sparks NV 89441-8519

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nevada

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 6

Transaction ID: C237524

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Keith L Stelter, MD

Mailing Address 622 Sunrise Dr

City State Zip Code
Saint Peter MN 56082-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
ISJ/Mayo Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Gerry Stover Mailing Address 2638 Putnam Ave City State Zip Code Hurricane WV 25526-1131 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: C237558 Amount of Each Receipt this Period 365.00
Name of Employer West Virginia Academy of Family Physic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Chapter Executive Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) Michael S Strekall, MD Mailing Address 405 Saddle Dr City State Zip Code Helena MT 59601-5632 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Transaction ID: C237466 Amount of Each Receipt this Period 300.00
Name of Employer Helena Health Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Rosemarie Sweeney, MD Mailing Address 5915 Ramsgate Road City State Zip Code Bethesda MD 20816 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6 Transaction ID: C237349 Amount of Each Receipt this Period 150.00
Name of Employer American Academy of Family Physicians Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Vice President Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)**815.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James O Theis, MD

Mailing Address 6019 Constance Street

City State Zip Code
 New Orleans LA 70118-5806

FEC ID number of contributing federal political committee.

C

Name of Employer
Tulane UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 0 6

Transaction ID: C237467

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Boyce G Tollison, MD

Mailing Address 105 Medinah Dr
PO Box 2927

City State Zip Code
 Easley SC 29642-3127

FEC ID number of contributing federal political committee.

C

Name of Employer
Palmetto Baptist EasleyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 6

Transaction ID: C238069

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Randell K Wexler, MD

Mailing Address 540 Woodfield Ct

City State Zip Code
 Columbus OH 43230-7009

FEC ID number of contributing federal political committee.

C

Name of Employer
Ohio State UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: C238949

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)

Richard A Wherry, MD

Mailing Address 59 Tipton Drive

City State Zip Code
Dahlonega GA 30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dahlonega Physicians Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 6

Transaction ID: C237492

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Susan S Wilder, MD

Mailing Address 8757 E Bell Rd

City State Zip Code
Scottsdale AZ 85260-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed @ Life Scape
Med

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: C237351

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City State Zip Code
Chattanooga TN 37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: C237355

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Lillian Wu, MD Mailing Address 278 Lind Ave NW City Renton State WA Zip Code 98055-1136 FEC ID number of contributing federal political committee. C Name of Employer Community Health Centers of King County Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: C237559 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Jenel Steele Wyatt, MD Mailing Address JHCP-Odenton 1132 Annapolis Rd City Odenton State MD Zip Code 21113-1647 FEC ID number of contributing federal political committee. C Name of Employer Johns Hopkins Community Physicians Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6 Transaction ID: C237352 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD Mailing Address PO Box 1901 City Stuttgart State AR Zip Code 72160-1901 FEC ID number of contributing federal political committee. C Name of Employer Stuttgart Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: C237546 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert A Youens, MD, MMM
Mailing Address 402 Youens Drive

City State Zip Code
Weimer TX 78962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: C237354

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
Robert A Youens, MD, MMM
Mailing Address 402 Youens Drive

City State Zip Code
Weimer TX 78962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C237537

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

20085.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 36

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3826.29

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: C238102

Amount of Each Receipt this Period

23.42

SUBTOTAL of Receipts This Page (optional)

23.42

TOTAL This Period (last page this line number only)

23.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34615

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

2.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34616

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

2.95

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34617

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

3.96

SUBTOTAL of Disbursements This Page (optional)

9.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34618

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

28.26

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34619

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

19.62

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34620

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

2.95

SUBTOTAL of Disbursements This Page (optional)

50.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34621

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

29.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34622

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

41.71

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34623

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

157.38

SUBTOTAL of Disbursements This Page (optional)

228.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34624

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

11.07

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Transaction ID: D34614

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

66.52

SUBTOTAL of Disbursements This Page (optional)

77.59

TOTAL This Period (last page this line number only)

366.87

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 36

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEN CARDIN FOR SENATE

Mailing Address PO Box 65056

City Baltimore State MD Zip Code 21209-0056

Purpose of Disbursement
Campaign contribution

Candidate Name
Ben Cardin

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: D34113

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pryce for Congress

Mailing Address 145 East Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Deborah Pryce

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D34114

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Eric I. Cantor

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: D34120

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lewis for Congress

Mailing Address PO Box 2323

City
Atlanta

State
GA

Zip Code
30303

Purpose of Disbursement
Voided Check #200037 6/9/2006

Candidate Name
Rep. John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 5

Transaction ID: D34111

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. Lewis for Congress

Mailing Address PO Box 2323

City
Atlanta

State
GA

Zip Code
30303

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 5

Transaction ID: D34112

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Mark Foley

Mailing Address 1316 Lake Victoria Drive

City
Lake Worth

State
FL

Zip Code
33461

Purpose of Disbursement
Voided check #200081 9/21/2006

Candidate Name
Rep. Mark Foley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: D34149

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

-1500.00

SUBTOTAL of Disbursements This Page (optional)

-1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Allen for Congress

Mailing Address PO Box 17766

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement
Voided check # 200030 3/16/2006

Candidate Name
Rep. Thomas H. Allen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: D34161

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Tom Allen for Congress

Mailing Address PO Box 17766

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Thomas H. Allen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: D34162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

9000.00

Image# 26960580703

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.

Transaction ID: **C238102**
